



2018 Mission Tours

REGISTRATION / APPLICATION FORM

Please complete and return this with your **non-refundable deposit**
(Please print legibly and provide all requested information)

Name: _____

Address _____

City: _____ State _____ Zip _____

Telephone _____ Mobile Phone _____ Email: _____

<u>Tours</u>	<u>Dates</u>	<u>Total Cost</u>	<u>Deposit (Due)*</u> (non refundable)	<u>Deadline due</u> (Balance)
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LOVE PUERTO RICO

LODGING: Bunk Beds; **Linen Supplies Required** - sheets, blanket, towels, wash cloths, pillow and pillow cases
Space is limited!

___ Puerto Rico	July 21-28	\$745	*\$200 (5/30/18)	\$545 (7/5/18)
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Tee Shirt Size

Youth: ___ 8-10 ___ 12-14 ___ 16-18

Adults: ___ Small ___ Medium ___ Large ___ X-Large ___ 2X ___ 3X ___ 4X

Balances may be paid in installments but the total cost must be paid by the stated deadline. Late payments may be assessed a \$25 late fee. There will be a returned check fee of \$30.

PAYMENT METHOD (Please make funds payable to Glory Unlimited Ministries)

___ Check ___ Money Order ___ Cash ___ Credit Card

Card number _____ Exp Date _____ Security code _____

Card holder name _____

Billing Address _____ City _____ St _____ Zip _____

Please email or mail completed registration form with payment to:

Glory Unlimited Ministries*Evangelist Dorothy White*P.O. Box 9523, Wilmington, DE 19809

For additional information: call 254.371.6216 or 215.514.1586

Email: gloryunlimitedtx@gmail.com ** Website: ggumtx.org

For Office Use Only

___ Date rec'd ___ Pmt rec'd ___ Check # ___ Money Order ___ Cash ___ Electronic
___ App Sent ___ Date ___ Email ___ UPS

God's Glory Unlimited International Ministries

Missions Application

Please provide all requested information and print legibly

Pertinent Travel Information

DOB _____ SSN _____

Passport number _____ Date of Issue _____

Expiration Date: _____ Country Issued _____

Insurance Company _____ Card # _____

Phone _____

Do you have Travel Insurance? _____ Yes _____ No

Emergency Contact Persons

Name _____

Relationship _____

Phone _____ A.M. _____ P.M.

Name _____

Relationship _____

Phone _____ A.M. _____ P.M.

Medical History

List all known medical/health issues be they physical, emotional, mental

List all medications that you are currently taking

List any known allergies and/or dietary restriction



Please detail any other information that you feel is pertinent (Use back if necessary)

Ministry Info

Name and location of church to which you belong

List areas of service and ministry gifts at your local church

Personal Testimony of Salvation

For Your Pastor

Please provide your Pastor's Name and Contact information whereby we may connect with him with regards to your participation in this Missions experience.

Print Pastor's Name & Contact Number

I accept full responsibility for my safety and well being on this mission's trip.
I understand that Glory Unlimited Ministries nor affiliated ministries or individuals are responsible for accidents or incidents that may cause me harm of any kind.
By signing below I stipulate that the information in the document is truthful and accurate.

(Signature)

(Date)



Release and Waiver Form

___ I agree to waive any and all rights and claims for damages that I or my spouse may have against the trip sponsor, God's Glory Unlimited International Ministries, its agents, employees, and representatives for any and all injury, damage, or loss sustained by the participant arising directly or indirectly out of the mission trip;

___ I further agree that, in the event that I should make any claim against the trip sponsor for damage, injury, or loss arising directly or indirectly out of the mission trip, I will personally indemnify defend and hold harmless the trip sponsor and its agents, employees, and representatives against any and all such injury, damage, or loss.

I affirm that I have the right to authorize and agree to the foregoing. I have carefully read and understand this agreement, and have willingly placed my signature below as evidence of my acceptance of all the conditions contained herein.

Signature*

Date

*Parent signature required for those less than 18 years of age